

Form CPF 18A: Report of Independent Expenditure Promoting Election or Defeat of Candidate(s)

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	Office of	Campaign and Politica	ll Finance	
of Marsachasotts Office of Campaign and Polit One Ashburton Place Boston, MA 02108 (617) 727-8352. 1. Date of Report:		DCA 2/2	e(s) in excess of \$100.00 in aggreg	ate)
2. Expenditure(s) l	Made Bur Massa	chusetts Nurses Assoc ne of individual or group making exp	iation	
	340 T	urnpike St.,	Canton City/Town	02021 Zip
3. Name of Candid	date(s) For Whom the Ab	ove Expenditure(s) Election or Down In a	Defeat Promoted: 1 State Sen	ate.
4. Expenditure(s)				
Date Paid	To Whom Paid	Address	Purpose	Amount
	Berkshine Fague	144 Amilegion Dr. North Adams 01247	print ad	535,85
10/27/06	North Adams	10	printad	579.97
10101100	Transcript		•	

I hereby certify the expenditures noted are independent expenditures, as defined by M.G.L. c.55, section 18A:

(1) the individual(s) or group who made the expenditure(s) described herein did not solicit or receive any contributions in contemplation of such expenditure(s); and

(2) the individual(s) or group who made the expenditure(s) described herein did not cooperate, consult or act in concert with or at the request or suggestion of any candidate, or political committee organized on behalf of any candidate, or any agent of a candidate or any political committee in making such expenditure(s).

I further certify that all statements made herein are true and accurate.

Signed under the penalties of perjury:

Katrina Anderson

Director, Legislation and Government Affairs

Print Name of Individual Signer and Title (if signing on behalf of a group)

CARRAIGH & FIGHRAMA